

Surplus Lines License # _____ (5 or 6 digit)
Social Security # _____

INDIANA DEPARTMENT OF INSURANCE
SEMI-ANNUAL TAX REPORT
SURPLUS LINES RISKS

STATE OF _____
COUNTY of _____

I, _____, am
_____ of _____, as licensee
under the provisions of 27-1-15.8 et seq of the Indiana Insurance Code, I hereby certify
that, under penalty of perjury, that the following statement is a full, true and correct
statement of premiums charged and premiums returned on policies or contracts placed by
the licensee under the provisions of his/her/its license during each month of the six month
period ended (June 30 or December 31) _____
20____.

Month	Premiums		
	Charged (1)	Returned (2)	Taxable Amount (Column 1 minus Column 2)
Totals			

The licensee shall pay to the Commissioner of Insurance, on February 1st and August 1st,
as the case may be, a sum equal to two and one-half percent of the total amount set forth
in the 'Taxable Amount' column of the above.

(Typed or Printed Name)

(Signature)